Form No. 76-O N10/79

PERMANENT WELL #5

STATEMENT OF CLAIM FOR EXISTING WATER RIGHTS

OTHER USES

For the Water Courts of the State of Montana

1. Owner of Water Ric	ght THE ANACC	NDA COMPAN	<u>Y</u> /			1:	
Co-Owner or Other Interest Owner		Last			First	7	Middle Initial
Address P.		Last			First		Middle Initial
City COI	LUMBIA FALLS,	State	MONTANA		-	Zip Code	59912
Home Phone No			Business P	hone No.	(406)	- 892 - 3261	
2. Person completing	form BALLE	NSKY Last		MERLIN			D.
Address 169	90 NORTH FORK RO				First		Middle Initial
CityCOI	LUMBIA FALLS,	State	MONTANA			Zin Code	59912
Home Phone No	(406) 892 -3 38	0	Business P	hone No.	(406)	892 - 3261	
3. Use:	Wildlife ercial rial	Geothermal Navigation Fire Protect Agricultural Oil Well Flo	ion Spraying	☐ Pow ☐ Reci	er Genera eation er	ition	
4. Source of Water:				=			
Stream Spring XXX Well	Name			Tributary	of		
Lake				Stream			
	Tributary of						
☐ Reservoir	Name			Stream			
	Tributary of						
5. Point of Diversion:	County(ies) <u>FI</u>	ATHEAD					* -
	SW ^{1/4} NE	1/4 <u>SW</u> 1/4	, Section_	2, T_	30N	N/S, R2	OW E/W
	1/4		, Section	, т_		N/S, R	E/W
	Lot	_, Block		, Subdivis	ion		
6. Means of Diversion:	XXX Well Pump Headgate Instream of ther	Capa with ditch or use Expla	rpipeline		_gpm		
7. Means of Conveyanc	e: Ditch XXX Pipeline		Instream Other:	1			

8. Place of Use:	County(ies) FLATHEAD					
☐ Instream			Explain	IN P	LANT	
	1/41/4, Section		Τ	N/S,	R	E/W
					R	E/W
	1/41/4, Section				R	E/W
	1/4 1/4, Section				R	E/W
1/4			T	N/S,	R	E/W
l ot	, Block, S	Subdivision				
ml CECUTON	TO TOOM ROOM					**-
₩½, SECTION	7 2, T30N, R20W ON 34, T31N, R20W					
9. Flow rate claimed	,	☐ cubi XXX gallo	c feet per seco ons per minute er's inches	nd t		
10. Volume claimed:	293	acre-feet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			•			,
11. Period(s) of use:	7-1 To 6-31		,		- -	
1.2.	4					
12. Check one:	☐ Decreed Water Rig	jht				
12. 0110011	XXX Filed Appropriation	n Right				
	☐ Use Water Right					
show point of di	aerial photographs, U.S. Geversion, place of use, place	eological Surv of storage, a	ey maps or suc nd conveyance	ch other of facilities	documents r s.	ecessary to
	ment signed by claimant.					
STATE OF MON	TANA))ss.				
County of	FIATHEAD					
I, that (he) (she) (th	R. A. SNEDDON ney), being of legal age and lerson(s) whose name(s) is (a tents of said foregoing clain	being the clai	imant(s) of the did thereto as the matters and the	roregoing e claimar	nt(s), that (he rein are true	s) (she) (they
		•	MANAGER RI	EDUCTION	OPERATIO	NS
	•	- d	MANAGER RI	<i>(</i> ?		
Subscribed and	sworn before me, this	25 th	MANAGER RI	<i>(</i> ?	OPERATIO	
Subscribed and	sworn before me, this	,	day of	Septi.	Inher.	19 <i>80</i>
Subscribed and	sworn before me, this	Residing a	day of	Septin eDo- na COL	UMBIA FALI	19_80